

D 3 2 5 5 - 0 4 1

Work Order ID 99730

B 9 9 7 3 0

\*99730\*

Page 1

April-11-13 3:00:23 PM

Item ID: D3255-041

Accept

\*N900040100\*

Setup Start

\*NS1\*

Revision ID:

Item Name: Access Panel Assembly

Stop

\*NS2\*

Start Date: 4/11/13

Start Qty: 2.00

\*2\*

Cust Item ID:

Required Date: 4/11/13

Req'd Qty: 2.00

\*2\*

Customer:

Reference:

Approvals: Process Plan: ML5

Date: 13-04-15

Tooling: \_\_\_\_\_ Date: \_\_\_\_\_

Run Start

\*NR1\*

QC: \_\_\_\_\_

Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Stop

\*NR2\*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
Draw Nbr	Revision Nbr								
100		0.00							
*100*	Large Fab								
Large Fab	Memo	0.00							
Large Fab	1-Weld as per Dwg D3255 ***purge weld***A/R Batch: M125054	SS ROD							
110	QC10- Inspect visual per QSI004- ground welds	0.00							
*110*	Memo	0.00							
QC									
Quality Control									
120	QC5- Inspect part completeness to step on W/O	0.00							
*120*	Memo	0.00							
QC									
Quality Control									

13-09-11

abc

2

DAS  
09  
9.09

② 13-09-12

DAS  
09  
9.09

② 13-09-12

NCR: Yes / No

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____			DISPOSITION		AGAINST DEPARTMENT/PROCESS					
Part No. _____ NCR No. _____			<input type="checkbox"/> Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update	<input type="checkbox"/> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab	<input type="checkbox"/> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite	<input type="checkbox"/> Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier	<input type="checkbox"/> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other			
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector	
Doc/Data										
Equip/Tooling										
Operator										
Material										
Setup										
Other										
Process										
Supplier										
Training										
Unapproved										
FAULT CATEGORY										
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio		<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions		<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled			
	<input type="checkbox"/> Other									

Work Order ID 99730

April-11-13 3:00:23 PM

\*99730\*

Page 2

Item ID: D3255-041

Accept

\*N900040100\*

Setup Start

\*NS1\*

Revision ID:

Item Name: Access Panel Assembly

Stop \*NS2\*

Start Date: 4/11/13 Start Qty: 2.00

\*2\*

Cust Item ID:

Required Date: 4/11/13 Req'd Qty: 2.00

\*2\*

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run Start

\*NR1\*

QC:

Date:

SPC (Y/N):

Date:

Stop

\*NR2\*

Sequence ID/  
Work Center ID

Operation  
Description

Set Up/  
Run Hours

Tool ID

Tool #

Plan  
Code

Accept  
Qty

Reject  
Qty

Reject  
Number

Insp.  
Stamp

130

\*130\*

Powdercoat

Powder Coating

Grey Sandtex(Ref:4.3.5.6) per QSI005 4.3

0.00

7:30

0.00

24/4/13/09/12

Memo

START TIME:

FINISH TIME:

OVEN TEMPERATURE:

8:00

140

\*140\*

QC

Quality Control

QC3- Inspect Part Finish

0.00

Memo

0.00

24/13-9-12



150

\*150\*

Small Fab

Small Fab

Small Fab

0.00

DAS  
30  
989

Memo  
1-Bond D3255-5 gasaket to d3255-041 using Dow corning adhesive as per Dwg  
D3255A/R 736 DOW CORNING ADHESIVE  
Batch: M 122346

24/13-9-12

Blu/21

NCR: Yes / No

## WORK ORDER NON-CONFORMANCE / UPDATE

DQA: Date:

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION		AGAINST DEPARTMENT/PROCESS								
				Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/>						
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector				
Doc/Data														
Equip/Tooling														
Operator														
Material														
Setup														
Other														
Process														
Supplier														
Training														
Unapproved														
FAULT CATEGORY														
Landing Gear Bending Centre Not Concentric to O/S Cracks Crushed/Crimped Cuffs Heat Treat Inspection Strip in Tube Ripples in Bend Torque Waves in Extrusion Turning Sequence Wave/Twist in Tube				General Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio <input type="checkbox"/>			Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions <input type="checkbox"/>				Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/>		Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/>	
											<input type="checkbox"/> Other			



NCR: Yes / No

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS						
			Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>					
Part No. _____			Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>					
NCR No. _____			Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>					
Root Cause		Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description		Sign & Date	Verification	QC Inspector
Doc/Data <input type="checkbox"/>	Equip/Tooling <input type="checkbox"/>	Operator <input type="checkbox"/>	Material <input type="checkbox"/>	Setup <input type="checkbox"/>	Other <input type="checkbox"/>	Process <input type="checkbox"/>	Supplier <input type="checkbox"/>	Training <input type="checkbox"/>	Unapproved <input type="checkbox"/>			
<b>FAULT CATEGORY</b>												
Landing Gear					General							
					Bending <input type="checkbox"/>	Bend <input type="checkbox"/>	Grain <input type="checkbox"/>	Ovalized <input type="checkbox"/>	Pressure/Forced <input type="checkbox"/>			
Centre Not Concentric to O/S <input type="checkbox"/>	BOM/Route <input type="checkbox"/>	Hardware <input type="checkbox"/>	Over/Under tolerance <input type="checkbox"/>	Temperature/Cure <input type="checkbox"/>								
Cracks <input type="checkbox"/>	Broken/Damaged <input type="checkbox"/>	Inspection Incomplete <input type="checkbox"/>	Part Incorrect <input type="checkbox"/>	Weld <input type="checkbox"/>								
Crushed/Crimped <input type="checkbox"/>	Burrs <input type="checkbox"/>	Instructions Incomplete/Unclear <input type="checkbox"/>	Part Lost/Missing <input type="checkbox"/>	Wrong Stock Pulled <input type="checkbox"/>								
Cuffs <input type="checkbox"/>	Contamination <input type="checkbox"/>	Maintenance <input type="checkbox"/>	Part Moved <input type="checkbox"/>									
Heat Treat <input type="checkbox"/>	Countersink <input type="checkbox"/>	Mislabeled <input type="checkbox"/>	Positioned Wrong <input type="checkbox"/>									
Inspection Strip in Tube <input type="checkbox"/>	Cut Too Short <input type="checkbox"/>	Misread <input type="checkbox"/>	Power Loss/Surge <input type="checkbox"/>	Other <input type="checkbox"/>								
Ripples in Bend <input type="checkbox"/>	Drill Holes <input type="checkbox"/>	Offset <input type="checkbox"/>										
Torque Waves in Extrusion <input type="checkbox"/>	Drawing <input type="checkbox"/>	Out of Calibration <input type="checkbox"/>										
Turning Sequence <input type="checkbox"/>	Finish <input type="checkbox"/>	Out of Sequence <input type="checkbox"/>										
Wave/Twist in Tube <input type="checkbox"/>	Folio <input type="checkbox"/>	Outside Dimensions <input type="checkbox"/>										

# Picklist Print

April-11-13 3:00:22 PM

Page 1

Work Order ID: 99730

Parent Item: D3255-041

Start Date: 4/11/13

Required Date: 4/11/13

Parent Item Name: Access Panel Assembly

Start Qty: 2.00

Required Qty: 2.00

Comments: IPP Rev:C Removed Manufacturing of D3255-1/-2/-3 06-08-02 JLM

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
---------------------------------	------------------------	---------------	-------------	---------------------	------------------	-----------------	--------------------	----------------	-------------	--------------	---------------	----------------	--------

D3255-1 Panel	Manufactured	No				100	Each	2.0000	1	2			13-09-10 JBL
------------------	--------------	----	--	--	--	-----	------	--------	---	---	--	--	-----------------

Location	Loc Qty	Loc Code
WA002 1100548	2	
72191	2	

D3255-3 Cap	Manufactured	No				150	Each	4.0000	1	2			13-09-10 JBL
----------------	--------------	----	--	--	--	-----	------	--------	---	---	--	--	-----------------

Location	Loc Qty	Loc Code
WA001 99285	2	
75969	2	
WA002	2	
83201	2	

D3255-5 Gasket	Manufactured	No				100	Each	12.0000	1	2		
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Location	Loc Qty	Loc Code
GA	12	
72118	1	H 162788
75083	1	
96137	2	
98928	8	

DAS  
30  
9-09

13/11/2013

NCR: Yes / No

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

## WORK ORDER NON-CONFORMANCE / UPDATE

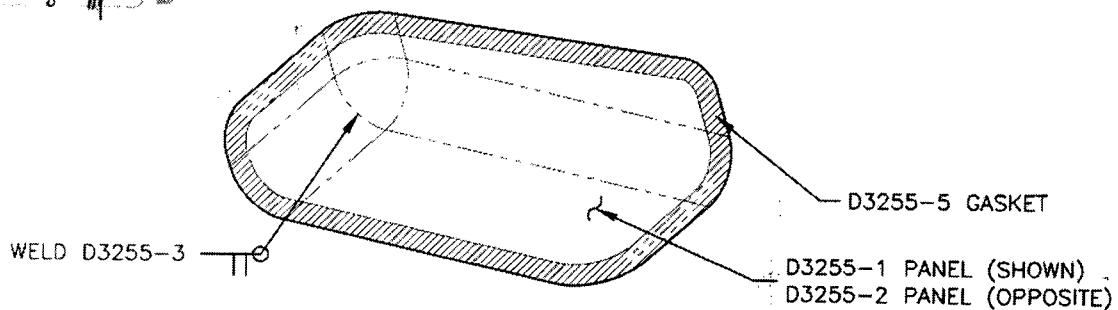
QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____		DISPOSITION		AGAINST DEPARTMENT/PROCESS											
Part No. _____		Rework <input type="checkbox"/>	Scrap <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>								
NCR No. _____		Use-as-is <input type="checkbox"/>	Work Order Update <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>								
Root Cause		Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector				
Doc/Data															
Equip/Tooling															
Operator															
Material															
Setup															
Other															
Process															
Supplier															
Training															
Unapproved															
<b>FAULT CATEGORY</b>															
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio				<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions				<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled	

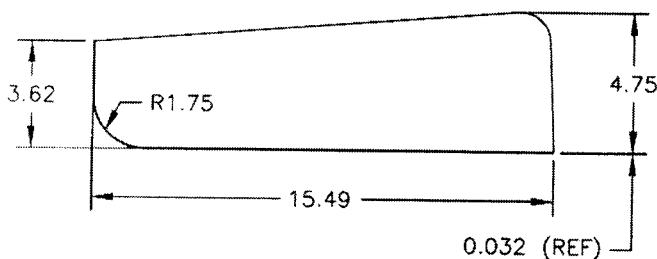
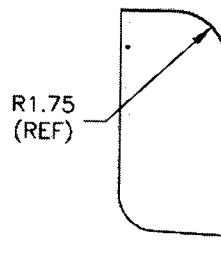
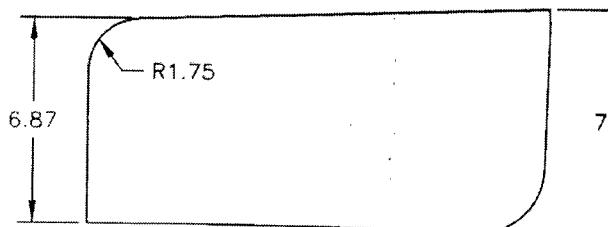
**DART**

DESIGN <i>PT</i>	DRAWN BY <i>PT</i>	DART AEROSPACE LTD HAWKESBURY, ONTARIO, CANADA	
CHECKED <i>IP</i>	APPROVED <i>PT</i>	DRAWING NO. D3255	REV. B SHEET 1 OF 4
DATE 04.12.06		TITLE ACCESS PANEL ASSEMBLY	SCALE 1:6
A	04.01.27	NEW ISSUE	
B	04.12.06	D3255-3 REDESIGN; ADDED Ø0.098	

*RELEASED  
05.01.08 ff*



**D3255-041 ACCESS PANEL (SHOWN)  
D3255-042 ACCESS PANEL (OPPOSITE)**



**D3255-1 BEND DETAIL  
D3255-2 OPPOSITE**

997303-4  
1304-15

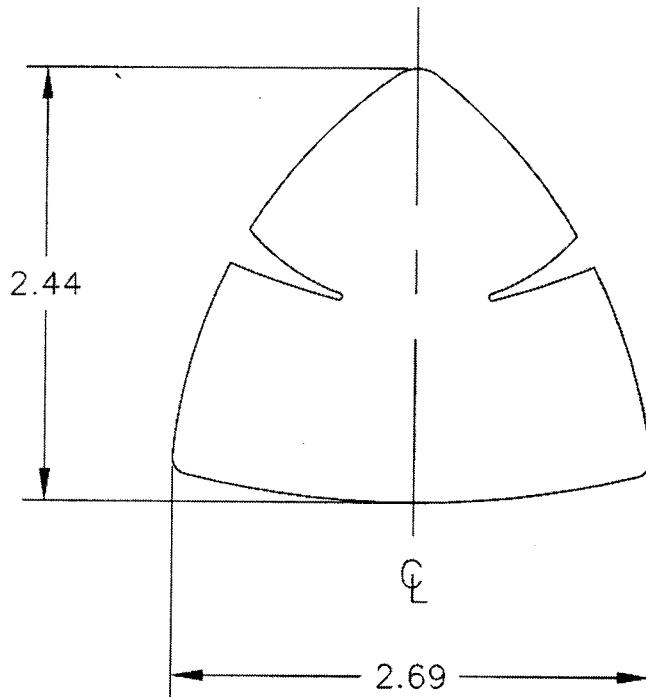
**D3255-041/-042 NOTES:**

- 1) WELD PER DART QSI 004
- 2) FINISH: POWDER COAT GREY SANTEX (4.3.5.6) PER QSI 005 4.3
- 3) INSTALL D3255-5 GASKET USING DOW CORNING P/N 736 ADHESIVE IN ACCORDANCE WITH MANUFACTURE'S INSTRUCTIONS
- 4) IDENTIFY WITH P/N & B/N USING FINE POINT PERMANENT MARKER

**DART**

DESIGN DF	DRAWN BY DF	DART AEROSPACE LTD HAWKESBURY, ONTARIO, CANADA	
CHECKED P	APPROVED <del>HF</del>	DRAWING NO. D3255	REV. B SHEET 2 OF 4
DATE 04.12.06		TITLE TITLE	SCALE 1:1

RECEIVED  
05-01-08 *HF*



D3255-3 CAP  
FORM TO FIT D3155-1/-2

D3255-3 NOTES:

- 1) MATERIAL: AISI 304/316 SS 0.032 THICK (REF. M304S22GA)
- 2) TOLERANCES ARE PER DART QSI 018 UNLESS OTHERWISE NOTED
- 3) ALL DIMENSIONS ARE IN INCHES
- 5) BREAK ALL SHARP EDGES 0.005 TO 0.010
- 6) MAKE PER DRAWING "D3255-B2.DWG"

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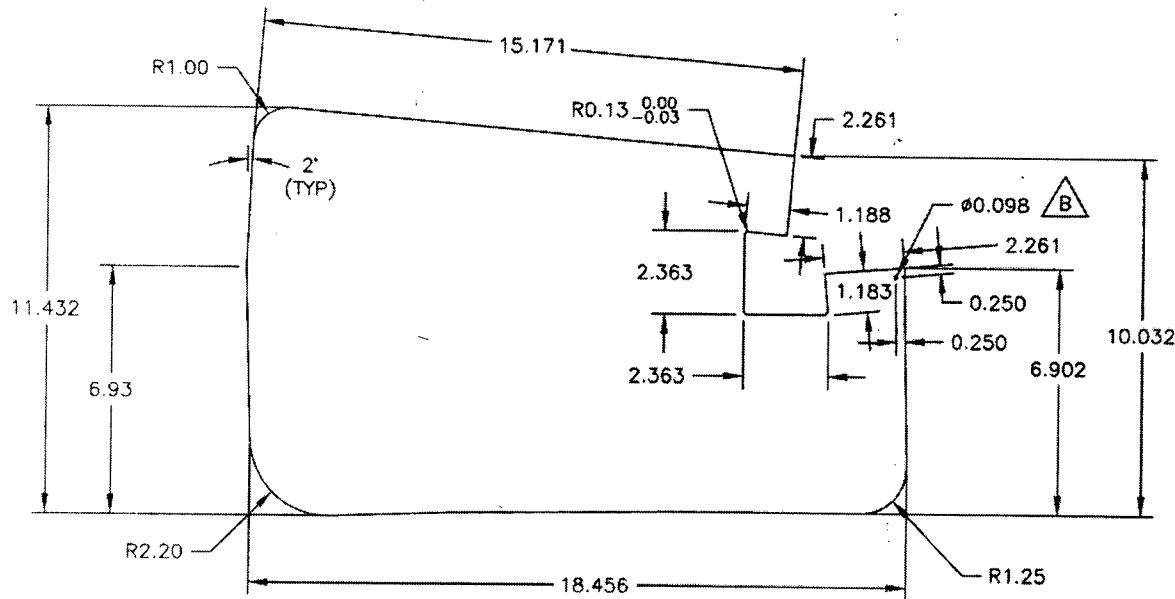
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08760



DESIGN <i>TR</i>	DRAWN BY <i>TR</i>	DART AEROSPACE LTD HAWKESBURY, ONTARIO, CANADA		
CHECKED <i>IP</i>	APPROVED <i>TR</i>	DRAWING NO. D3255	REV. B	SHEET 3 OF 4
DATE 04.12.06	TITLE ACCESS PANEL ASSEMBLY		SCALE 1:5	

05-01-18 436 D



**D3255-1/-2 FLAT PATTERN**

D3255-1/-2 NOTES:

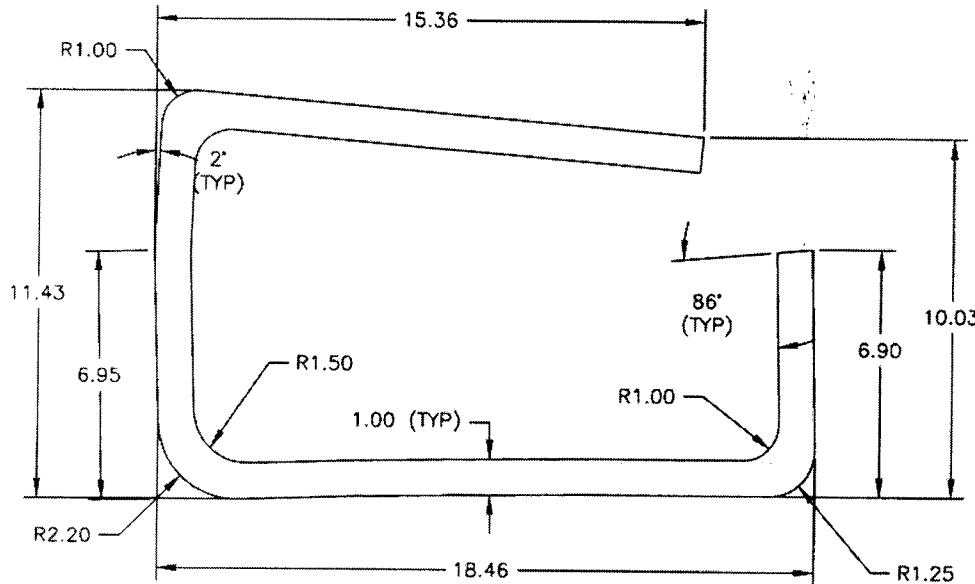
- 1) MATERIAL: AISI 304/316 SS 0.032 THICK (REF. M304S22GA)
- 2) TOLERANCES ARE PER DART QSI 018 UNLESS OTHERWISE NOTED
- 3) ALL DIMENSIONS ARE IN INCHES
- 4) BREAK ALL SHARP EDGES 0.005 TO 0.010

94730



DESIGN	DRAWN BY	DART AEROSPACE LTD	
CHECKED	APPROVED	DRAWING NO.	REV. B
		D3255	SHEET 4 OF 4
DATE		TITLE	SCALE
04.12.06		ACCESS PANEL ASSEMBLY	1:5

RELEASED  
05.01.18



#### D3255-5 GASKET

##### D3255-5 NOTES:

- 1) MATERIAL: SILICONE COATED FIBERGLASS CLOTH PER AMS 3320F  
P/N SIL/F 36x36x1/16  
POSSIBLE SUPPLIER: AVIALL
- 2) TOLERANCES ARE PER DART QSI 018 UNLESS OTHERWISE NOTED
- 3) ALL DIMENSIONS ARE IN INCHES

99766